Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

HES 2003-IP-1 000 167 1911

CLAIMS AS FILED - PART I (Column 1)				(Column 2)			SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			8	85		100,0,,,,				OR T		
			0.	<u> </u>					FEE	┨	RATE	FEE
FOR NUMBER FILED				NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS \$\frac{\pi}{5}\$ minus 20=				nus 20=	65			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 7 minus 3 =				<u> </u>			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter						column 2	L	TOTAL		OR	TOTAL	
Column 1) (Column						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMĘNT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO . PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.74	Minus	- 8	3	=		X\$ 9=		OR	X\$18=	-
	Independent	• 7	Minus	***	8	=/		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا [+145=		OR	+290=	
1, 19, 30, 41, 45, 56, 74, 82,						•	L	TOTAL			TOTAL	
	•	(Caluma 4)	- O\	(O=1 0)	ΑI	ODIT. FEE		OR	ADDIT. FEE			
		(Column 1) I CLAIMS		(Colum		(Column 3)	. –					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* ·	Minus	**	٠.	-		X\$ 9=		OR	X\$18=	•
ME	Independent	*	Minus	***		= .		X43=-		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	1.5				
								+145=		OR	+290=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=			X86=	
<u>`</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM					OR		
		•	·				1.	145=		OR	+290=	
H	the High st Nur	nn 1 is less than th mber Previously Pai	d For IN THIS	SPACE is I	less than	20, enter "20."	ADI	TOTAL DIT, FEE		OR .	TOTAL DOIT, FEE	
		mber Pr viously Paid ber Previously Paid							opriat box	in colu		